

Brian Liang
Testimony for 2022 UCONN Health Budget Hearing

My name is Brian Liang and I grew up in Bethany and graduated from Amity Regional High School. I am a rising 4th year medical student and Masters of Public Health student at the UCONN School of Medicine in Farmington. Thank you for holding this public hearing and for giving me an opportunity to speak. I would also like to thank the General Assembly for their past support for UCONN Health.

I wanted to become a doctor so I could be a part of people's support system during times of medical uncertainty. Some medical students want to make a difference in the surgery operating room and others want to be there to deliver babies; I wanted to be relevant in my patient's everyday-life. I also wanted to expand on my role as a physician by also getting involved with community health programming and outreach. UCONN School of Medicine had a program for this specific purpose, the Urban Service Track (UST), which sealed the deal for me. I come to you today not only as an aspiring doctor, but also as an aspiring community advocate.

During this COVID-19 pandemic, UCONN Health has been at the frontline of not only combatting COVID, but also combatting medical distrust as well as medical disparities and inequalities that are present in our diverse communities. I am specifically referring to our Door-to-Door Vaccination efforts with the Burgdorf Clinic in Hartford, which recruited physicians, pharmacists, and nurses as well as health professional students to help vaccinate neighborhoods throughout Hartford. I still remember one of the first things one of the event leaders said to us: "We have people coming all over from Avon and West Hartford, asking us if we still have vaccines left. But nobody from Hartford is coming to us." People, especially people of color, were uncertain whether to trust their health with a COVID vaccine that they persistently heard mixed information about. One of the community members we met was unsure about taking the vaccine because of a pre-existing condition. Thankfully, one of our volunteer physicians was able to reassure her that the vaccine would not impact her pre-existing condition. She ultimately decided to take the first shot of the vaccine. I can still see the security she felt as we stood by her for the allotted 15 minutes to make sure no acute adverse side effects occurred following vaccine administration. We then provided her with info regarding when the Burgdorf Clinic would be holding additional vaccination dates so she could get her second shot, which she gladly accepted, happy that we were also closing the loop and doing more than just giving her the first shot. Another community member, although already vaccinated, told us how much she appreciated that care providers and future care providers had come out to their neighborhood to help people get vaccinated and encouraged us to keep on doing the door-to-door vaccinations.

What this encouraging community member showed to me was that we, as current or future medical providers, often ask people to come to OUR clinics for a check-up to take a more pro-active approach in THEIR individual health. The door-to-door vaccination event was showing people how we were coming to THEIR neighborhoods so we could take a more pro-active approach in OUR community health.

An elderly community member I spoke to was fearful of the mild side effects, such as fever, muscle aches, and dizziness, especially since one of her relatives had experienced the side effects for a week. I assured her that, for most people, the side effects did not last that long, however she revealed that her main concern was that there was nobody at home who could take care of her if she had side effects for more than a couple days. What if she fell as a result of the dizziness, and nobody was there to help her back up? Although I was not able to convince her to get the vaccine, I came out of that conversation with a better understanding of the barriers some people face. Understanding community concerns is the first step towards any comprehensive public health plan, and the door-to-door vaccination effort was allowing us to elicit these concerns.

In closing, I hope that my testimony of my experience with the Door-to-Door vaccination event has shown the Budget Committee that UCONN Health has taken the initiative to help our minority

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communities in obtaining health equity and that continued support for UCONN Health is continued support for a healthy Connecticut, a Connecticut that cares for every single one of its communities.